

Wisconsin Coordinated School Health Programs

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The part can never be well unless the whole is well. ~Plato

What is the need?

- Common understanding that healthy kids make better students and better students make healthy communities!
- Understanding that schools do play a vital role in the developing, promoting, and supporting the health and well-being of it's students and staff.

Broad support can found in the education community for supporting the health (e.g., physical, mental) of students.



American Association of School Administrators

Position Statement 12: Advocates for Children

AASA is an advocate for the health and well-being of our nation's children. Research demonstrates that learning is enhanced when children feel safe and have their physical and emotional needs met in a healthy school environment. This includes access to healthy foods, opportunities for physical activity, clean air to breathe, access to preventative care and health services, including mental health.

First adopted: 2006. Re-adopted: July 2007
Scheduled Review: 2010

To view AASA's Position Statements online visit:
<http://www.aasa.org/about/content.cfm?ItemNumber=9125>.

For more information on AASA's work on Childhood Obesity contact:
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THE ASSOCIATION FOR SUPERVISION AND CURRICULUM DEVELOPMENT

ASCD

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WHOLE CHILD BLOG

WHOLE CHILD IN THE NEWS: TWO SCHOOLS, ONE WHOLE CHILD APPROACH

Michelle Rhee is everywhere lately: Her wide-stanced pose with a broom on the cover of Time Magazine lit up the blogosphere; experts considered her a contender for Secretary of Education before Barack Obama chose Arne Duncan; and her journey to transform the D.C. public school system is being documented in a series of provocative podcasts with John Merrow... »

RESOLUTION REVOLUTION

We have unveiled an upgrade to our grade your school and community tool by offering additional feedback, resources, and next steps tailored to your answers. In 2009, we resolve to provide you resources that will support you and your community as you work to ensure that each child is healthy, safe, engaged, supported, and challenged... »


WHOLE CHILD BLOGWATCH: DO KIDS NEED RECESS?

We know students who are healthy are more likely to succeed in school—but does recess help or hinder? *Inside Pre-K* blogger Jennifer Rosenbaum is a strong proponent of recess, with some caveats... »

[Visit the Whole Child Blog Archive »](#)

THE WHOLE CHILD:
HEALTHY, SAFE, ENGAGED,
SUPPORTED, CHALLENGED

We are proud to partner with organizations committed to the whole child. [Learn more about our partners.](#)





THE PLEDGE
FOR OUR CHILDREN

Make a pledge to America's children. Our children deserve it. Our future demands it.

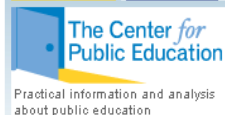
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January 16, 2009

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About NSBA's School Health Programs



Our Mission

The National School Boards Association (NSBA) is committed to working with **State School Boards Associations** to help school policymakers and educators make informed decisions about health issues affecting the academic achievement and healthy development of students and the effective operation of schools. In its **beliefs and policies**, NSBA recognizes the critical link between health and learning and the role of schools in promoting life-long health and preventing health risk behaviors.

Program Support and Overview

NSBA's School Health Programs helps school policymakers make informed decisions by providing relevant and up-to-date information, technical assistance, and professional development on a variety of school health issues. Activities are supported by the **Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH)**, Leadership for Healthy Communities, a **Robert Wood Johnson Foundation (RWJF)** national program, and NSBA.

With CDC/DASH cooperative agreement funding (U58/DP000419, U58/DP000390), NSBA is currently working with state and local education agencies on issues related to coordinated school health programs and tobacco use prevention. In addition, through a sub-grant of the American Association of School Administrators' CDC/DASH cooperative agreement (U58/DP000398), NSBA is working with AASA on reducing the burden of asthma. As feasible, topics of importance to school leaders such as wellness, HIV/AIDS, and food safety are also addressed.

Support from **RWJF's Leadership for Healthy Communities** national program facilitates NSBA's work on childhood obesity by increasing the leadership skills and actions of school policymakers to develop, adopt, and implement effective policies and practices that promote healthy eating, physical activity, and healthy social environments, especially among the most vulnerable populations.

Information and Resources

To assist **State School Boards Associations** and others in the school community to make informed decisions, NSBA has developed this website and the **School Health Resource Database**, a continually updated source of information and materials, including sample school district policies, journal articles, research summaries, fact sheets, and more. Several topics have been organized into **"101" packets** designed to provide an overview of information related to the topic. The abstracts of entries in the Database contain bibliographic information and many include hyperlinks to the full text of materials available online.

Services

Project staff is able to assist with the development and technical review of local district policies related to school health topics. NSBA staff also work with Federation Member state school boards associations, federal agencies, and other national organizations to provide



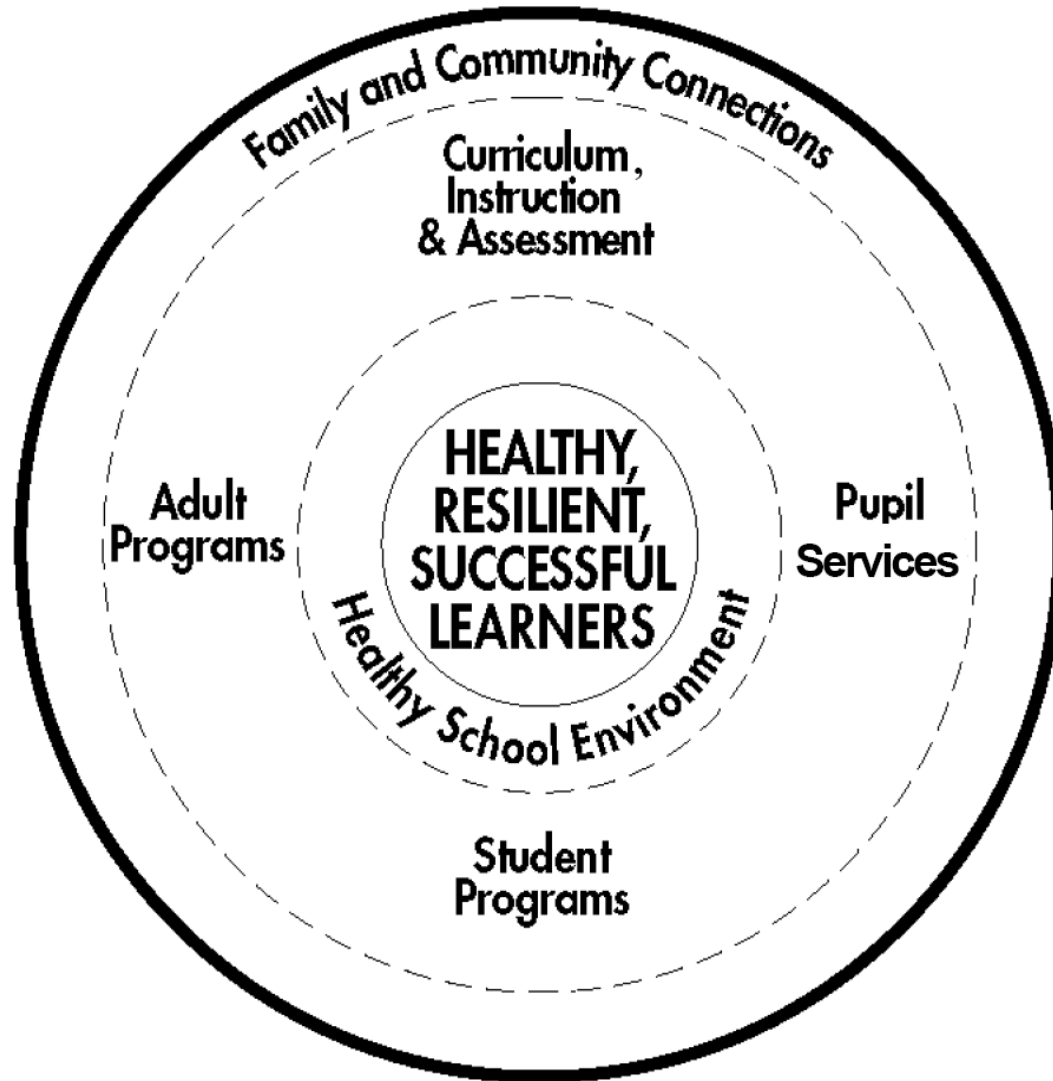
Policy Statement on School Health



What can a school do?

- Challenge is to organize and provide direction to the multiple health related activities and initiatives without overwhelming the schools.
 - Systematic approach that reaches all corners of the school community
 - Staff
 - Students
 - Administration
 - Families
 - Community

Wisconsin Coordinated School Health Programs



6 Critical Components

- Healthy School Environment
 - A school vision and mission statement that recognizes and articulates a role for schools in supporting the health of children.
 - Policies and practices which clearly are designed to support the health of students and staff.
 - Providing opportunities for students and parents to get involved and shape the decisions that affect school life.

6 Critical Components

- Curriculum, Instruction, and Assessment
 - Involves the planning and implementing a sequential and developmentally appropriate PreK-12 curriculum that address important health issues.
 - The curriculum transcends any one single discipline to be delivered in an integrated, multidisciplinary approach.
 - It moves beyond the acquisition of knowledge to teach and assess for skills.

6 Critical Components

- Pupils Services
 - Consists of multilevel strategies that include services to individual students and various school programs, and assisting in the improvement of systems that affect children's learning and development.
 - Is accessible and responsive to all students across age and grade, and serves the physical, emotional, social, and mental health needs of children.
 - Interfaces families, community agencies, and other school staff to collaboratively address student needs.

6 Critical Components

- Student Programs
 - Participation in voluntary and open to all students. Students apply and develop knowledge and skills which support their health and encourage leadership in the school and community.
 - A strong focus is on developing life skills, mutual support and assistance, and alternatives to risk behavior.
 - Activities and services stress relationships with other students and adult role models.

6 Critical Components

- Family and Community Involvement
 - Connections between family and community are formal and informal relationships to support school health programs.
 - The relationships between family, community, and the other stakeholders (e.g., staff, students) are key to the success of implementing a successful school health program. (CSHP is about relationships not a specific program or services)
 - Community services are linked to the school (e.g., immunization).

6 Critical Components

- Adult Programs
 - Continuing education opportunities for staff, parents and caregivers, and interested community members.
 - Programs and strategies which specifically target and involve parents and caregivers in a variety of ways.
 - Employee assistance and wellness programs.

What are the benefits?

- Gut-level understanding:
 - A healthy student is one that is better prepared to learn and fully participate.
 - A healthy and safe school environment is a better learning environment.
- Research is indicating that school health programs do not deter from academics and can even improve them.
 - CDC has dedicated a webpage to highlight these studies and this relationship between academics and school health.

www.cdc.gov/HealthyYouth/health_and_academics/index.htm

Health-Risk Behaviors

and Academic Achievement

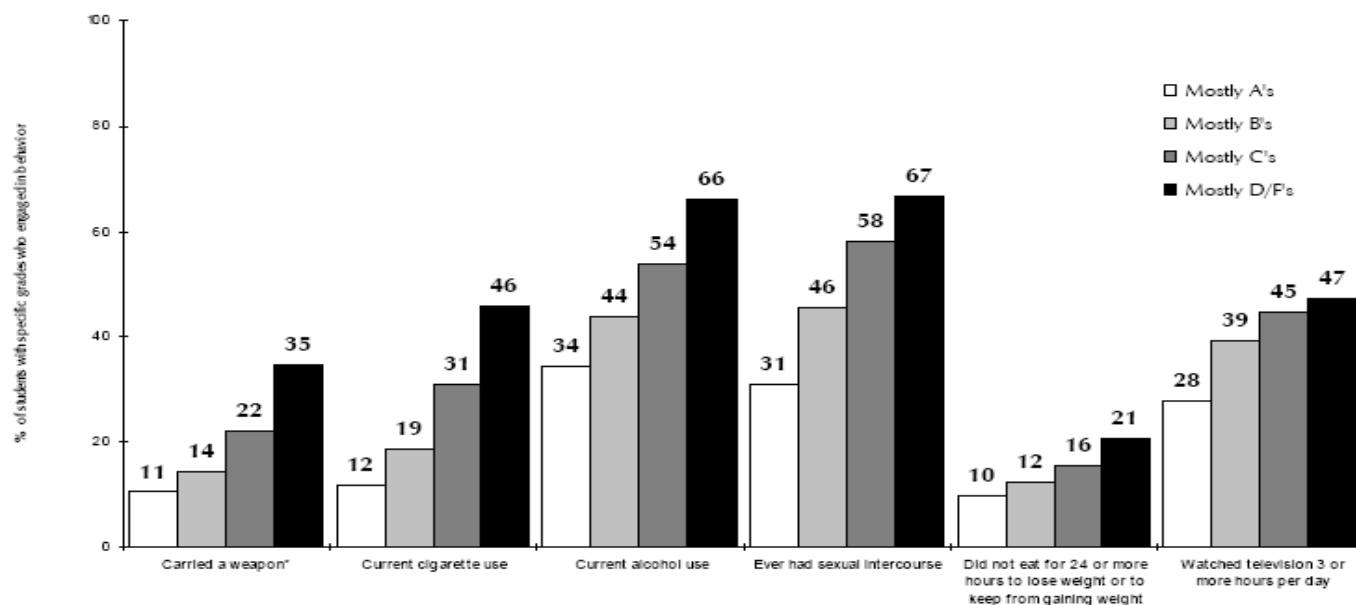
What is the relationship between health-risk behaviors and academic achievement?

Data presented below, from the 2003 National Youth Risk Behavior Survey (YRBS), show a negative association between health-risk behaviors and academic achievement among high school students after controlling for sex, race/ethnicity, and grade level. This means that students with higher grades are less likely to engage in health-risk behaviors than their classmates with lower grades, and students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors. These associations do not prove causation. Further research is needed to determine whether low grades lead to health-risk behaviors, health-risk behaviors lead to low grades, or some other factors lead to both of these problems.

Students with higher grades are significantly less likely to have engaged in behaviors such as:

- **Carried a weapon** (For example, a gun, knife, or club on at least 1 day during the 30 days before the survey).
- **Current cigarette use** (Smoked cigarettes on at least 1 day during the 30 days before the survey).
- **Current alcohol use** (Had at least one drink of alcohol on at least 1 day during the 30 days before the survey).
- **Ever had sexual intercourse.**
- **Did not eat for 24 or more hours to lose weight or to keep from gaining weight** (During the 30 days before the survey).
- **Watched television 3 or more hours per day** (On an average school day).

Figure 1. Percentage of U.S. high school students receiving mostly A's, B's, C's, or D/F's who carried a weapon, currently smoked cigarettes, currently drank alcohol, ever had sexual intercourse, did not eat for 24 or more hours to lose weight or keep from gaining weight, and watched television 3 or more hours per day—Youth Risk Behavior Survey, 2003.



Active Education

Physical Education, Physical Activity and Academic Performance

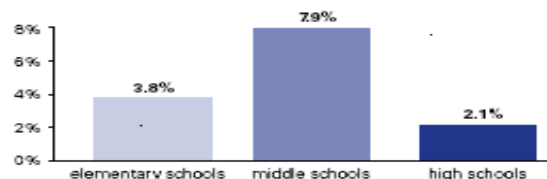
FALL 2007 RESEARCH BRIEF

In schools across the United States, physical education has been substantially reduced—and in some cases completely eliminated—in response to budget concerns and pressures to improve academic test scores. Yet the available evidence shows that children who are physically active and fit tend to perform better in the classroom, and that daily physical education does not adversely affect academic performance. Schools can provide outstanding learning environments while improving children's health through physical education.

The Impact of Schools on Physical Activity

Today, obesity is one of the most pressing health concerns for our children. More than one-third of children and teens, approximately 25 million kids, are overweight or obese—and physical inactivity is a leading contributor to the epidemic. The Surgeon General recommends children should engage in 60 minutes of moderate activity most days of the week, yet estimates show that only 3.8 percent of elementary schools provide daily physical education (PE).¹

Percentage of schools providing daily PE in 2006¹

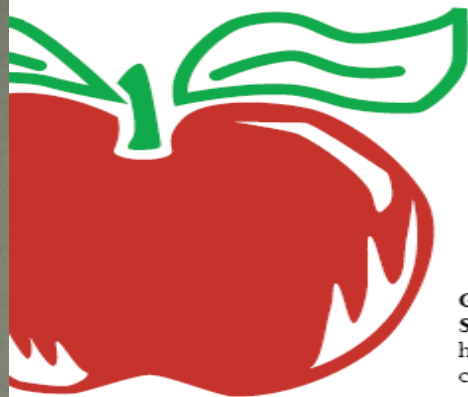


Schools serve as an excellent venue to provide students with the opportunity for daily physical activity, to teach the importance of regular physical activity for health, and to build skills that support active lifestyles. Unfortunately, most children get little to no regular physical activity while in school.

Budgetary constraints and increasing pressure to improve standardized test scores have caused school officials to question the value of PE and other physical activity programs. This has led to a substantial reduction in the time available for PE, and in some cases, school-based physical activity programs have been completely eliminated.² Yet advocates for school-based physical activity programs argue that allocating time for daily PE does not adversely impact academic performance and that regular exercise may improve students' concentration and cognitive functioning.³⁻⁶

Only 36 percent of high school students meet the current recommended levels of physical activity.⁷





G O V E R N O R ' S School Health A W A R D

Governor Doyle and Superintendent Burmaster have initiated the Governor's School Health Award to recognize and celebrate schools that support and promote healthy eating; physical activity; alcohol-, tobacco-, and drug-free lifestyles; parental and community involvement; and staff wellness. The goal of this award is to motivate and empower all Wisconsin schools to develop the policies, programs, and the infrastructure needed to create and maintain a healthy school environment.

Does your school...

- promote healthy nutritional choices?
- get students active?
- have policies in place that address staff and student wellness?
- have a committee that oversees wellness efforts in your school?
- promote being alcohol-, tobacco-, and drug-free?
- actively involve parents and community partners?
- promote staff wellness?

If you answered YES to these questions your school may be in line for one of the Governor's School Health Awards.

School Awards

Schools receiving an award will be recognized by Wisconsin's Governor and State Superintendent and may be eligible for a financial award.

Bronze: Wall plaque with a commendation from the Governor

Silver: Wall banner suitable to hang outdoors

Gold: Gold star plaque suitable for mounting or embedding in a sidewalk

Dates to Remember

*Award Application Due: **March 13, 2009**

Award Presentations: **May 2009**

Sponsors:

Governor's Office

Governor's Council on Physical Fitness and Health

Department of Public Instruction

Department of Health Services

For more information on the Governor's School Health Award and on how to apply for an award go to **www.schoolhealthaward.wi.gov**

**All schools applying for an award will need to pre-register online.*

School Health Advisory Councils

- The unique contribution that this component makes to the overall framework is in the ability of the advisory council to connect and coordinate the efforts of everyone working towards the positive development of youth, their health and wellness, and the prevention of youth risk behaviors.
 - Healthy Environment
 - Student Programs
 - Adult Programs
 - Pupil Services
 - Curriculum, Instruction, and Assessment
 - Family and Community Involvement

School Health Advisory Councils

- **Clear sense of mission and role**—Members need to understand and accept their role as advisory to the school board and administration on issues related to prevention, health and wellness, and youth development.
- **Multi-culturally sensitive**—The membership of the advisory council should reflect the diversity of the community.
- **Multi-disciplinary inclusive**—Drawing from the skills and interests of the community is essential in selecting members of the advisory council than can best serve its identified needs.

School Health Advisory Councils

- Evidence to Support SHAC:
 - The Institute of Medicine states that “the essential foundation for any successful comprehensive school health program is built from the involvement of a wide range of community stakeholders” and continues that “this involvement can be effectively organized and channeled through the formation of some type of community school health coordinating council”.

(Source: Journal of School Health, April 2004. The relationship between school health councils and school health policies and programs in U.S. schools.)

School Health Advisory Councils

- Evidence to Support SHAC:
 - ... have helped strengthen school physical education and health education curricula and have assisted in bringing about profound changes in school environments, such as the adoption of nutrition standards, establishment of walking programs for staff and students, and the opening of school facilities for after-school physical activity programs.

(Source: Journal of School Health, April 2004. The relationship between school health councils and school health policies and programs in U.S. schools.)

School Health Advisory Councils

- Evidence to Support SHAC:
 - Project results demonstrated that this community-based “comprehensive” approach, connecting all components of the program and all grades, with students and staff within the school, and with parents and community resources made a difference not only in health related issues but also school performance and attendance.

(Colorado State Department of Education, January 1996. Connections: The Colorado Comprehensive Health Education Act of 1990: 1994-95 End of Year Report.)

School Health Advisory Councils

- Evidence to Support SHAC:
 - The evaluation study found that school health councils did have a positive affect in a number of school health-related program areas. The majority of the participating schools reported that they had made improvements in 1) opportunities for physical activity, 2) nutrition education, 3) parental involvement, 4) physical education, 5) food service, and 6) community involvement due, in part, to the influence of their school health councils.

(Source: University of Wisconsin Population Health Institute, August 2008. Report to the Wisconsin Department of Public Instruction – Governor's School Health Award.)

Resources to Support CSHP

- Wisconsin Department of Public Instruction
 - <http://dpi.wi.gov/sspw/cshp.html>
- CDC – Division of Adolescent and School Health
 - <http://www.cdc.gov/HealthyYouth/index.htm>
 - <http://www.cdc.gov/HealthyYouth/partners/ngo/index.htm>

Resources to Support CSHP

